

Town of Hampton

Application for Mechanical & HVAC Permit

BUILDING ADDRESS _____ UNIT # _____ Map/Lot Number _____ - _____ Zone _____

BUILDING OWNER _____ Phone _____

STREET _____ City _____ State _____ Zip _____

CONTRACTOR _____ Phone _____

STREET _____ City _____ State _____ Zip _____

LICENSE #: _____ Exp. Date: _____

TYPE OF CONSTRUCTION: NEW _____ REMODEL _____ ADDITION _____ ALTERATIONS _____

DESCRIPTION OF PROPERTY:

☐ Commercial ☐ Single Dwelling Unit ☐ Duplex (Two dwelling units in one or more buildings) ☐ Multi-family
(Three or more dwelling units in one or more buildings)

DESCRIPTION OF WHAT YOU PLAN TO DO: _____

TYPE OF HEATING SYSTEM: _____

NUMBER OF ZONES: _____

TYPE OF FUEL PROPANE _____ OIL _____ NATURAL GAS _____ OTHER _____

IF L.P TANKS: New _____ or Existing _____

ALL L.P. INSTALLATIONS WILL NEED A PERMIT FROM THE HAMPTON FIRE DEPARTMENT AS WELL.

WHERE THE PERMIT SHOULD BE MAILED? _____ Owner _____ Contractor

Processing Fee \$35 plus \$5 per thousand (or any part of a thousand) of value of construction to be submitted with application.

Value of Construction:

I hereby certify, under penalty of perjury, that all statements given hereon are truthful and accurate, and that the cost of construction, alteration or remodeling (**including labor and materials**) is: \$ _____

I agree to comply with the Town of Hampton's Building and Zoning Ordinance and all work will be constructed in accordance with the New Hampshire State Building Code, and related Codes as adopted, and in accordance with the plans submitted.

I, The Applicant, do also hereby certify that the above project shall not in any way violate any deed restrictions, right of way, or easements applicable to the property and that I, the Applicant, for myself and my heirs, successors and assigns, do hereby agree to indemnify and hold the Town of Hampton harmless in the event any such restrictions, rights of way, or easements are violated by this project.

SIGNATURE OF APPLICANT: _____ DATE: ____/____/____

PLEASE PRINT NAME: _____

FOR DEPARTMENTAL USE ONLY

FEE \$ _____ ☐ Cash _____ ☐ Check # _____

Licensed checked Yes ☐ _____ No ☐ _____

APPLICATION APPROVED (Building Official) _____ DATE ____/____/____